

Application for Certification Renewal

Drinking Water Treatment, Drinking Water Distribution and Wastewater Treatment

Certification Type	For two-year period starting June 30, 2005		For two-year period starting June 30, 2006	
	Fees if Paid 1/1/05 thru 6/30/05	Fees if Paid After 6/30/05	Fees if Paid 1/1/06 thru 6/30/06	Fees if Paid After 6/30/06
Drinking Water Treatment (DW Classes II-A, III-A, IV-A, III-B & IV-B)			\$35.00	\$70.00
Drinking Water Distribution (DW Classes I-D, II-D, III-D & IV-D).			\$35.00	\$70.00
Combination Drinking Water Treatment & Water Distribution (DW Classes I- AD, I-BD, II-BD).			\$35.00	\$70.00
Wastewater (WW Classes I, II, III & IV)	\$35.00	\$70.00		
Limited	These special Limited certifications are issued for one calendar year at a time; they must be renewed annually by December 31 st at a fee of \$20.00. Operators with Limited certifications not renewing on time must retest.			
Drinking Water				
Wastewater				

Renewal applications must be submitted with a separate check or money order for each operator, payable to the **Kentucky State Treasurer** and mailed or delivered to the **Division of Compliance Assistance, Operator Certification Program, 14 Reilly Road, Frankfort, Kentucky 40601**.

Agency Interest Number: _____ Certification Type & Number: _____ ERG: ☐ Yes ☐ No
(on wallet card) (on wallet card)

Name (last, first, middle): _____

Home Address (PO Box #, house #, street name, city, state, zip code): _____

Daytime Phone #: _____ FAX #: _____ Email: _____

List systems &/or facilities for which you serve as the certified operator (only lists those you have added since last updating the Operator Certification staff):

System &/or Facility Name	County	PWSID # or KPDES #	Phone #

Check box if continued on a supplemental sheet ☐

List completed "Board Approved" training hours to be used for this renewal (must have been earned during period allowed by regulation, i.e., 401KAR5:010 for wastewater and 401KAR8:030 for drinking water):

Course Code (Available from DCA or the vendor)	Training Course Title	Sponsor or Presenter	Date	Hours Earned		
				DW	WW Process	WW Non- Process

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Check box if continued on a supplemental sheet ☐

